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CONFIRMATION NO. 1879

SERIAL NUMBER 10/791,487	FILING OR 371(c) DATE 03/02/2004 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. 74119-004
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APPLICANTS

Alan Franklin, Chattanooga, TN;

** CONTINUING DATA *****

WU

12/15/06

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 05/20/2004

** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY TN	SHEETS DRAWING 7	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 6
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ADDRESS

29493

TITLE

Trans-scleral drug delivery method and apparatus

FILING FEE RECEIVED 523	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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